# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

## CERTIFICATE OF DEATH

11580

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ~~129 Race~~ State highway near Cambridge
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 129 Race St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Ollie Thomas Andrews.

**3. (b) Social Security Number:** None

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| Male | white | Widowed |

6 (b) Name of husband or wife: Mozzie Bradford
6 (c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Oct 15 - 1882

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 58 | 0 | 28 | ____ hrs. ____ min. |

9. Birthplace: Andrews, Md.
(Town, county, and state)
10. Usual occupation: Machinist
11. Industry or business

FATHER
12. Name: Alvin R. Andrews
13. Birthplace: Md.

MOTHER
14. Maiden name: Susan K. Lovell
15. Birthplace: Dor. Co.

16. Informant: Thomas J. Andrews
Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 15-1940 (mo.) (day) (year)
Cemetery or crematory: Dor. Memorial
Location: Cambridge, Md.
18. Funeral director: Kenneth K. Thomas
Address: Cambridge, Md.

19. Nov 15 1940 (Date rec'd by registrar) John Meade Jr. Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Nov 13 1940, at ____ PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____; and that I last saw h____ alive on ____ 19____.

| | DURATION |
|---|---|
| Immediate cause of death: Fracture at base of Skull | few minutes |
| Due to: Struck by Automobile | |
| Due to: | |
| Other conditions: Compound Fractures of both legs | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: Nov. 13/40
Where did injury occur? Near Cambridge (City or town) Dor. (County) Md. (State)
Injured at home, farm, industry, public place (where?): on County Road
Means of injury: Hit by Automobile at work? No

23. SIGNATURE: Jos. K. Shriver, Dep. Med Exam M.D. or other
Address: Cambridge Date signed: Nov 14/40

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DEC 4 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

## CERTIFICATE OF DEATH

11581

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Dorchester
City or town Church Creek
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Church Creek Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Margarett Ann Banks

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| female | col | widowed |

6 (b) Name of husband or wife Henry Banks
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9 1874

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 66 | 6 | 16 | hrs. min. |

9. Birthplace Madison Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name Theresa Manokey
15. Birthplace Madison Md

16. Informant Theresa Stanley
Address 6 School House Lane City

17. Burial Date thereof 11-28-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cemetery
Location Old Field Md.

18. Funeral director Lewis A. Henry
Address 222 Cedar st. Cambridge Md.

19. 11-26 1940 John Meace Jr.
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1940, at 9 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 11 1940, to November 25 1940; and that I last saw h— alive on November 26 1940

| Immediate cause of death | DURATION |
|---|---|
| Chr. Myocarditis | 8-11-40 |
| Due to | |
| Due to | |
| Other conditions Enteritis | 11-20-40 |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair MD
M. D. or other
Address Cambridge Md Date signed 11-26-40

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DEC 4 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (133-a)

# CERTIFICATE OF DEATH

11582

Reg. Dist. No. 116

**1. PLACE OF DEATH:**

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 407 High St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 49

WITHIN CORPORATE LIMITS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 407 High St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Charles Burroughs

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| male | col | married |

6 (b) Name of husband or wife Emma Burroughs

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 15 1890

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 49 | 10 | 18 | ____ hrs. ____ min. |

9. Birthplace Cambridge Md
(Town, county, and state)

10. Usual occupation Gen Laborer

11. Industry or business Dorchester Water Co Md

FATHER
12. Name Peter Burroughs
13. Birthplace Dorchester Co

MOTHER
14. Maiden name Eliza Jackson
15. Birthplace Dorchester Co Md

16. Informant Emma Burroughs
Address 407 High St Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 17, 1940 (month) (day) (year)

Cemetery or crematory Waugh Cem.

Location Cambridge, Md.

18. Funeral director H. M. St Clair

Address Cambridge, Md.

19. 11-16 1940 (Date rec'd by registrar) John Mace Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 13 1940, at 1:30 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1940, to Nov 13 1940, and that I last saw him alive on Nov 13 1940.

| Immediate cause of death | DURATION |
|---|---|
| Pernicious Enemia | 7-20-40 |
| Due to | |
| Due to | |
| Other conditions Acute Pyelocystitis | 10-28-40 |
| Gastroenteritis | 11-8-40 |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair Mb
M. D. or other

Address Pine & Cedar Sts Date signed 11-15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 11-2

## CERTIFICATE OF DEATH

11583

**1. PLACE OF DEATH:**
(a) County Dorchester
(b) City or town Vienna Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

**2. HOME (USUAL RESIDENCE) OF DECEASED:**
(a) State Maryland (b) County Dorchester
(c) City or town Vienna Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Stillborn Cephas

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Stillborn.

8. **AGE:** Years | Months | Days | If less than one day ____hr. ____min.

9. Birthplace Vienna Rural
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name William Cephas
13. Birthplace Vienna Md

MOTHER
14. Maiden Name Mary Virginia Johnson
15. Birthplace Vienna Md

16 (a) Informant Annie Jackson
(b) Address Vienna Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1 - 40 (month) (day) (year)
(c) Cemetery or crematory Home
Location

18 (a) Funeral director Family of deceased
(b) Address Vienna

19 (a) Nov 1 - 40 (Date rec'd by registrar) (b) Elizabeth R. Traffl Registrar

## MEDICAL CERTIFICATION

20. **Date of death** November 1 1940, at 6.30 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from ____19____, to ____19____, and that I last saw him alive on ____19____.

| Immediate cause of death | Duration |
|---|---|
| Stillborn | |
| Delivered by midwife | |
| Due to Asphyxiation | |
| Due to Attendance | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Local Registrar

23. **Signature** Elizabeth R. Traffl
M. D. or other

Address Vienna Date signed Nov 1-40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-a

## CERTIFICATE OF DEATH

11584

Reg. Dist. No. 11 d

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

**1. PLACE OF DEATH**
County Dorchester
City or town near Fineswille
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Federalsburg, R.F.D.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all of life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Fineswille Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Alonzo E. Cheezum

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| male | white | married |

6 (b) Name of husband or wife Ida Morgan
6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) May 31, 1881

8. AGE: Years 59 | Months 5 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Lawyer
11. Industry or business Saw mill
FATHER 12. Name not known
13. Birthplace
MOTHER 14. Maiden name Annie F. Cheezum
15. Birthplace Maryland
18. Informant Norman Thomas Dean — ½ brother
Address Federalsburg — Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 22, 1940 (month) (day) (year)
Cemetery or crematory Hill Crest Cemetery
Location Federalsburg, Maryland
18. Funeral director J. J. Templeton and Son
Address Federalsburg, Maryland
19. Nov 22 1940 Chas. A. Harding
(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH Nov. 19 1940, at 12-15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h ____ alive on ____ 19____

| Immediate cause of death | DURATION |
|---|---|
| Myocarditis - Acute | several days |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Jos. K. Shriver, Dep. Med. Exam. M. D. or other
Address Cambridge Md Date signed Nov 19/40

RECEIVED
DEC 6 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore (131-2)

## CERTIFICATE OF DEATH

11585

Reg. Dist. No. 113

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH**

County Worcester

City or town Ellicotts

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Md County Do.

City or town Ellicotts Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

**3. (a) FULL NAME** Lyman Ewell

**3. (b) Social Security Number** No

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6 (b) Name of husband ~~or wife~~ Mrs Batie Ewell

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25 1881

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 59 | | 16 | hrs. min. |

9. Birthplace Md (Town, county, and state)

10. Usual occupation Boat Builder

11. Industry or business

FATHER 12. Name Healey Ewell

13. Birthplace Md

MOTHER 14. Maiden name Margret Jones

15. Birthplace Md

18. Informant Brady Ewell

Address Ellicotts

17. Burial (Burial, cremation, or removal—which?) Date thereof Nov 13 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Ellicotts

18. Funeral director H. H. Wilbughby & Son

Address East Main Market.

19. Nov 13 1940 (Date rec'd by registrar) Elizabeth R. Craft Local Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 11 1940, at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/10 1940, to 11/11 1940, and that I last saw h[illegible] alive on 11/11 1940.

| | DURATION |
|---|---|
| Immediate cause of death Myocardian Failure | 1 day. |
| Due to Hypertensive Cardio-Vascular Disease | ? |
| Due to | |
| Other conditions Rt. Hemiplegia | 6 yrs. |
| Chronic Nephritis | 1 yrs |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN** Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature]

Address Cambridge Md M. D. or other Date signed 11/12/40

RECEIVED
DEC 5 1940
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH 11586

**1. PLACE OF DEATH** (48-E)

County Dorchester Registration Dist. No. 11-1

Village or City East New Market No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3d yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Olive H. Gravellee If U. S. Veteran, specify WAR

(a) Residence: No. same St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | white | Married |

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of John Gravellee

6. DATE OF BIRTH (month, day, and year) Sept 3 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 9 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Hose work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Data deceased last worked at this occupation (month and yaar)

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Vaughn McNaucka

14. BIRTHPLACE (city or town) (Stata or country) Md

MOTHER

15. MAIDEN NAME Hester Cannon

16. BIRTHPLACE (city or town) (Stata or country) Md

17. INFORMANT W. D. Willey (Address) East New Market

18. BURIAL, CREMATION OR REMOVAL Place East New Market Data Nov 12, 1940

19. UNDERTAKER H. H. Hallowell (Address) East New Market

20. FILED Nov 12, 1940 H. E. Parker Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Nov 9, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attendad deceased from Sept 1, 1940, to Nov 9, 1940

I last saw h alive on Nov. 2, 1940, death is said to hava occurred on the data statad abova, at 9 a.m.

Tha **PRINCIPAL CAUSE OF DEATH** and ralatad causas of importanca were as follows:

| | Date of onset |
|---|---|
| Cancer of womb. | |

Other **Contributory Causes** of Importance: — none

Nama of operation none Data of —

What test confirmed diagnosis? — Was thara an autopsy?

23. If daath was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? none Date of injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L. G. Frazier M. D.

(Address) Denton, Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

11587

**1. PLACE OF DEATH**

County Dorchester (93-d) Registration Dist. No. 111

Village or City East New Market No. ..... St., ..... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

**2. FULL NAME** Charlesanna Hackett If U. S. Veteran, specify WAR .....

(a) Residence: No. ..... St., ..... Ward. .....

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: 7

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Wm Thomas Hackett

6. DATE OF BIRTH (month, day, and year): April 5, 1858

7. AGE: Years 82 | Months 7 | Days 3 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: John Henry Shehee

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Margaret Priscilla Travers

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Alton Hackett (Son) East New Market, Md

18. BURIAL, CREMATION, OR REMOVAL

Place East New Market Date Nov 11, 1940

19. UNDERTAKER (Address): H. H. Willoughby East New Market

20. FILED Nov 11, 1940. H. E. Parker Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Nov (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to Nov 9, 1940

I last saw her alive on 11/8, 1940; death is said to have occurred on the date stated above, at 1:30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1930 |

Other Contributory Causes of importance:

| | |
|---|---|
| Possible Carcinoma of Stomach | 1930 |

Merely a supposition. Should not be [illegible]

Name of operation classified as cancer of Date of .....

What test confirmed diagnosis? the stomach Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. K. Knotts M. D.

(Address) Federalsburg, Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1*

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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DEC 3 1928
BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

11588

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

**1. PLACE OF DEATH:**

County Dorchester

City or town Cambridge, Md —
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Cambridge Maternity Hospital —

How long in hospital or institution? no

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland, County Dorchester

City or town Cambridge —
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war

**3. (a) FULL NAME** Infant Handley —

**3. (b) Social Security Number** no

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Stillborn

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11/16/40

**8. AGE:** Years — Months — Days — If less than one day ... hrs. ... min.

9. Birthplace Cambridge Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Wm. H. Handley —
13. Birthplace Church Church Md —

MOTHER
14. Maiden name Susie A Willey
15. Birthplace Sawards Md —

16. Informant Wm. H. Handley —
Address Cambridge Rd. Md —

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 11/16/40 (month) (day) (year)

Cemetery or crematory Dar Mem Park

Location Cambridge Md.

18. Funeral director G. S. Campbell

Address Cambridge Md

19. 11-16 1940 (Date rec'd by registrar) John Mace Jr. Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 1940, at 3.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 16 1940 to Nov 16 1940

and that I last saw h... alive on Stillborn 19...

Immediate cause of death Intra uterine asphixia

Due to Prolapsed cord Transverse presentation

Due to With prolapsed Rt. arm

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations —

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Eldridge H. Wolff M. D. or other

Address Cambridge Md Date signed 11-16-40

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BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186a

11589

## CERTIFICATE OF DEATH

Reg. Dist. No. 116.

**1. PLACE OF DEATH:**

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Cambridge Md Hospital.

How long in hospital or institution? 1 week —

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No. 211 High St. (If rural, give LOCATION)

2.(a) If veteran, name war no

**3. (a) FULL NAME** Annie D Harrison

**3. (b) Social Security Number** no

4. Sex Female

5. Color or race White

6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1-6-1869

**8. AGE:** Years 71 Months 9 Days 28 If less than one day ..... hrs. ..... min.

9. Birthplace Talbot Co. Md. (Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business Dress maker

FATHER 12. Name Wm P. Harrison

13. Birthplace Md —

MOTHER 14. Maiden name Hester Kerper

15. Birthplace Md

16. Informant Mrs. Eva Price

Address Cambridge Md

17. Burial — Date thereof 11/6/40 (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory Cambridge

Location Cambridge, Md.

18. Funeral director G S Le Compte

Address Cambridge Md

19. 11-6 1940 (Date rec'd by registrar) John Moore Jr. Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1940, at 1:05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 26 1940, to Nov. 4 1940

and that I last saw her alive on Nov. 4. 1940 19

| | DURATION |
|---|---|
| Immediate cause of death myocardial failure with acute pulmonary edema | 11-4-40 |
| Due to myocardial weakness c̄ auricular fibrillation possibly | ? 1935 |
| Due to Toxic adenoma thyroid gland | ? |

Other conditions Fract neck of Right femur Oct. 26. 1940 Due to an accidental fall. C.W.G.R.

(Include pregnancy within 3 months of death)

Major findings of operations None — Reduction of fracture Oct. 26. 1940 Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ accident Date of Oct. 26. 1940

Where did injury occur? Cambridge (City or town) Dorchester (County) Maryland (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Accidental fall. Injured at work? No

23. SIGNATURE Wylie M. Faw M. D. M. D. or other

Address Cambridge Md Date signed 11-4-40

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DEC 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

11590

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

**1. PLACE OF DEATH:**

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years.

Hospital, Institution, or street address where death occurred: 57 Douglas St.

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 57 Douglas St.
(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME** William H Jackson

**3.(b) Social Security Number** none

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of ~~husband~~ or wife: Sadonia Jackson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov date + year unknown

**8. AGE:** Years: abt. 80 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Labor

11. Industry or business: none

FATHER
12. Name: Henry Jackson
13. Birthplace: Md

MOTHER
14. Maiden name: Dorothy Kmann
15. Birthplace: Dorothy Kmann

16. Informant: Mary Wingate (wingate)
Address: Cambridge

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11-12-40 Cambridge (month) (day) (year)

Cemetery or crematory: Cambridge Ne

Location: Cambridge

18. Funeral director: Lewis H Bowen
Address: Cambridge Md

19. 11-12 19 40 (Date rec'd by registrar) John Vesce Jr. Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 10th 1940 at 4:45 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1st 1940 to Nov 10th 1940 and that I last saw him alive on Nov 8th 1940.

Immediate cause of death: Senility

Due to: His age

Due to:

Other conditions: Chronic Valvular Heart Disease
(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Antopsy results: None

DURATION: Unknown

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Thos L Coll Md M. D. or other

Address: Cambridge Md Date signed: Nov 11/40

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DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (183)

11591

# CERTIFICATE OF DEATH

Reg. Dist. No. 115

**1. PLACE OF DEATH:**
County: Dorchester
City or town: Hoopersville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Off of White & Nelson's wharf
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): all of life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Hoopersville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Richard Johnson

**3. (b) Social Security Number:** 213-10-2422

4. Sex: male
5. Color or race: C.
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): March 25 - 1916
8. AGE: Years 24 | Months 8 | Days 3 | If less than one day ____ hrs. ____ min.
9. Birthplace: Hoopersville - Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Canning House
FATHER
12. Name: Ernest Johnson
13. Birthplace: Md
MOTHER
14. Maiden name: Mary Pritchett
15. Birthplace: Md
16. Informant: Wilbert Travers - uncle
Address: Hoopersville - Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 1 1940 (month) (day) (year)
Cemetery or crematory: Haven Burial Ground.
Location: Hoopersville, Md.
18. Funeral director: Lewis H Bayneman
Address: Cambridge Md
19. Dec. 1 1940 (Date rec'd by registrar) James W. Meacee Loc. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 28 1940, at 6-10 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.
Immediate cause of death: Drowning
Due to: Epileptic Seizure
Due to: Epilepsy
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: since infancy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: Nov. 28/40
Where did injury occur? Hoopersville - Dorchester Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where? White & Nelson Wharf
Means of injury: fell off of Wharf Injured at work? Yes

23. SIGNATURE: Jos. K. Shriver, Def. Med. Exam. M. D. or other
Address: Cambridge, Md Date signed: Nov. 29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 7 1941
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

11592

**1. PLACE OF DEATH** (94-a)

County Dorchester Registration Dist. No. 112.

Village or City Vienna. No. Hunting Creek Inn. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Alexander Lackey If U. S. Veteran, specify WAR

(a) Residence: No. 3106 Cliftmont St. St., Ward. Soc. Sec. No. 217-09-2906

(Usual place of abode) Baltimore—Md. If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male. | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Lackey

6. DATE OF BIRTH (month, day, and year) Jan-7-1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 9 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Boiler-maker Foreman.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Power Plant.

10. Date deceased last worked at this occupation (month and year) 10/31 1940. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore— Md. (State or country)

FATHER

13. NAME Alexander Lackey

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records of Foster Wheeler Corporation. (Address) 165 Broadway N.Y.

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Cemetery Date Nov 3 — 1940

19. UNDERTAKER Lilly & Zeller (Address) Baltimore Md

20. FILED 11/1/40, 19 Elizabeth M. Engle Local Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** November 1st., 1940. (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h— alive on —, 19—; death is said to have occurred on the date stated above, at about m. 2 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Coronary Occlusion. — Immediate

Other Contributory Causes of Importance:

Date of onset

Name of operation No Operation. Date of

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ✓, 19—

Where did Injury occur? ✓ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ✓

Manner of Injury ✓

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Dr. J. K. Shriver Jr. Dep. Med. Exam. M. D.

(Address) Cambridge, Maryland.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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NOV 6 1940
BUREAU

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11593

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-7)

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

**1. PLACE OF DEATH:**

County Dorchester

City or town Hurlock - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred: Near Shiloh

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Shiloh
(If rural, give LOCATION)

2.(a) If veteran, name war —

**3. (a) FULL NAME** Perry S. Messick

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Widowed |

6.(b) Name of husband or wife Clara M. Messick

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 2, 1865

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 75 | 1 | 2 | hrs. min. |

9. Birthplace Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business Farm

FATHER
12. Name Luke H. Messick
13. Birthplace Dorchester County Maryland

MOTHER
14. Maiden name Elizabeth Darby
15. Birthplace Sussex County, Delaware

16. Informant Mrs. Carl Coulbourn

Address Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof November 7 1940 (month) (day) (year)

Cemetery or crematory Washington Cemetery

Location Hurlock, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. Nov 9th 19 (Date rec'd by registrar) Chas W Hastings Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1940, at 4:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 2 1940, to Nov. 4 1940 and that I last saw him alive on Oct. 25 1940

Immediate cause of death Carcinoma of Liver formally involving stomach & intestines

Due to Primary cause: Cancer of liver.

Due to — Duration: ten months. C.W.S.R.

Other conditions —

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations —

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE L. G. Frazier M. D. or other

Address Hurlock Date signed Nov 5 '40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU V. S.

11594

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(46-B)

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

**1. PLACE OF DEATH:**

County Dorchester

City or town Cambridge Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Cambridge Md Hospital

How long in hospital or institution? 2 weeks —

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war

**3. (a) FULL NAME** Albert C. Moore

**3. (b) Social Security Number** no —

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widower

6.(b) Name of husband or wife: Georgia Mason

Deceased — 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 4-5-1874

**8. AGE:** Years 66 | Months 7 | Days 22 | If less than one day ..... hrs. ..... min.

9. Birthplace: Elliotts Island, Md (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: Auto Body —

FATHER

12. Name: Perry W. Moore

13. Birthplace: Md

MOTHER

14. Maiden name: Martha Dayton

15. Birthplace: Md

16. Informant: Mrs Robt H Matthews

Address: Cambridge Md —

17. Burial (Burial, cremation, or removal, Which?) Date thereof 11/29/40 (month) (day) (year)

Cemetery or crematory: Episcopal —

Location: Princess Anne, Md

18. Funeral director: G S LeCompte

Address: Cambridge Md

19. Nov. 28 1940 (Date rec'd by registrar) John Mace Jr Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: November 27 1940, at 3:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/20 1940, to 11/27 1940

and that I last saw h 11/ alive on 11/27 1940

Immediate cause of death: Adenocarcinoma of Stomach

Due to

Due to

Other conditions: Secondary Anemia ?

(Include pregnancy within 8 months of death)

DURATION: ?

Major findings of operations: X-Ray confirmed diagnosis with Gastric Lavage.

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: W. F. Rawls M. D. or other

Address: Cambridge Md Date signed 11/29/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 4 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (926)

## CERTIFICATE OF DEATH

11595

Reg. Dist. No. 11 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
10 Edgewood Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 24

WITHIN CORPORATE LIMITS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No. 7
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 10 Edgewood Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Harry Albert Nodrey

**3. (b) Social Security Number** none

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| male | col | widowed |

6 (b) Name of husband or wife Clemma Nodrey
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22 1880

8. AGE: Years 60 | Months 7 | Days 11 | If less than one day ____hrs. ____min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation Undertaker

11. Industry or business

FATHER
12. Name William Saunders
13. Birthplace Baltimore Co

MOTHER
14. Maiden name Sarah Jane Nodrey
15. Birthplace Baltimore Md

16. Informant Harry Nodrey Jr
Address 727 High St Cambridge Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Nov. 18, 1940
(month) (day) (year)

Cemetery or crematory
Location Baltimore, Md

18. Funeral director W. M. St. Clair
Address Cambridge, Md.

19. 11 - 16 1940 Isabel Meade Jr.
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 13 1940, at 11 15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 2 1940 to Nov 13 1940, and that I last saw h alive on Nov 13 1940.

| | DURATION |
|---|---|
| Immediate cause of death Cerebral Hemorrhage | 11-13-40 |
| Due to Hypertension | 10-2-40 |
| Due to | |
| Other conditions Mitral Insufficiency | 1939 |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair MD
M. D. or other
Address Cor Cedar St Date signed 11-15-40

RECEIVED
DEC 4 1940
U.S.A.F. Y. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

## CERTIFICATE OF DEATH

11596

Reg. Dist. No. 111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH**

County: Dorchester —

City or town: East New Mkt. RFD No. —

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years —

Hospital, institution, or street address where death occurred: Home —

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: East New Mkt RFD. No. —

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Rural —

(If rural, give LOCATION)

2.(a) If veteran, name war: No —

**3. (a) FULL NAME:** Cora Smith Phillips —

**3. (b) Social Security Number:** No —

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Married — |

8.(b) Name of husband or wife: Levin H. Phillips

6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): 3-24-1884

**8. AGE:** Years: 56 | Months: 8 | Days: 3 | If less than one day: ...hrs. ...min.

9. Birthplace: Cambridge R.F.D. Md. (Town, county, and state)

10. Usual occupation: Home Wife

11. Industry or business: Home

FATHER 12. Name: Columbus Smith

FATHER 13. Birthplace: Md

MOTHER 14. Maiden name: Sue Twilley

MOTHER 15. Birthplace: Md

18. Informant: Mr. Levin H. Phillips

Address: East New Mkt. Md

17. Burial. (Burial, cremation, or removal? Which?) Date thereof: 11/29/40 (month) (day) (year)

Cemetery or crematory: Green Lawn

Location: Cambridge Md.

18. Funeral director: G.S. LeCompte

Address: Cambridge, Md

19. Nov 28 1940 (Date rec'd by registrar) H. E. Parker Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 27 1940, at 6.55 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 11 1937, to Nov 27 1940

and that I last saw h[illegible] alive on Nov 24 1940

| | DURATION |
|---|---|
| Immediate cause of death: Cerebral hemorrhage (apoplexy) | 3 days |
| Due to: Arteriosclerosis | (2) yrs |
| Due to: Chronic nephritis | (3) 10 yrs |
| Other conditions: Diabetes | (?) 3 yrs + |

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of ...

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury: ... Injured at work?

23. SIGNATURE: John Schneider M. D., or other

Address: Cambridge Md. Date signed: Nov 27, 1940

RECEIVED
DEC 3 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

## CERTIFICATE OF DEATH

11597

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town) (WITHIN CORPORATE LIMITS OF)

Street address, hospital, or institution: 429 High St

Stay in hospital or insl. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 14 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 429 High St (If rural give LOCATION)

2(c) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Frank Reed

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| male | C | widowed |

6 (b) Name of husband or wife: Mamie Reed deceased

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1900

8. AGE: Years: 40 Months: — Days: — If less than one day: hrs. min.

9. Birthplace: N. or S. Carolina (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Canning factory

FATHER — 12. Name: unknown

13. Birthplace:

MOTHER — 14. Maiden name: unknown

15. Birthplace:

16. Informant: Josephine Miles

Address: 429 High St

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 27-1940 (month) (day) (year)

Cemetery or crematory: Silent City Cem.

Location: Cambridge, Md.

18. Funeral director: Lewis H. Lawrence

Address: Cambridge, Md.

19. Nov 26 1940 (Date rec'd by registrar) John Meace Jr. Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Nov. 14 1940, at 12-45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—

| Immediate cause of death | DURATION |
|---|---|
| Haemorrhage from Lung | 1 day |
| Due to Tuberculosis - Pulmonary | 6 mo. |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M. D. or other

Address: Cambridge Md Date signed: Nov 26/40

RECEIVED
DEC 4 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (710)

## CERTIFICATE OF DEATH

11598

Reg. Dist. No. 140

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Dorchester

City or town: Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, Institution, or street address where death occurred:
Near Reliance

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Reliance
(If rural, give LOCATION)

2.(a) If veteran, name war —

**3. (a) FULL NAME** George Rogers

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Widowed |

6.(b) Name of husband or wife: Alvertia R. Rogers

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): September 21, 1856

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 84 | 2 | 29 | hrs. min. |

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business: Farm

FATHER
12. Name: Rogers
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Mary Hood
15. Birthplace: Ireland

16. Informant: Gilbert Rogers
Address: Federalsburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 23 1940 (month) (day) (year)

Cemetery or crematory: Hill Crest Cemetery

Location: Federalsburg, Maryland

18. Funeral director: J. J. Hampton & Son

Address: Federalsburg, Maryland

19. Nov 23 19 40 (Date rec'd by registrar) Chas W Hastings Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: November 20 1940, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20 1940, to Nov 20 1940 and that I last saw h/M alive on 11-20-40 19

| Immediate cause of death | DURATION |
|---|---|
| Coronary Thrombosis | 24 h |
| Due to: Generalized Arteriosclerosis | ? |
| Due to: | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Lemmon M.D.
M. D. or other

Address: Federalsburg Md Date signed 11-21-40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

11599

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

**1. PLACE OF DEATH:**

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 56 B. Douglass St

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 4 yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Madison Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Bell Lumber Co. Camp (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Harrison Lee Rowe

**3. (b) Social Security Number:**

4. Sex: Male

5. Color or race: C

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1908

**8. AGE:** Years: 32 Months: — Days: — If less than one day: hrs. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Saw Mill

FATHER 12. Name: unknown

13. Birthplace:

MOTHER 14. Maiden name: unknown

15. Birthplace:

16. Informant: Ollie Wilson

Address: 56 B. Douglass St

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 29 1940 (month) (day) (year)

Cemetery or crematory:

Location: Waverly, Virginia

18. Funeral director: Lewis H. Bruneau Cambridge Md W. C. Harris Waverly, Va.

Address:

19. 11-26 1940 (Date rec'd by registrar) John Macy Jr. Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 24 1940, at 10-10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 ,

and that I last saw h alive on — 19

Immediate cause of death: Cerebral Haemorrhage — DURATION: 1 day

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M. D. or other

Address: Cambridge Md Date signed: Nov 26/40

RECEIVED
DEC 4 1940
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

11600

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 110

Village or City Hurlock No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurred yrs. / mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Still born Sampson If U. S. Veteran, specify WAR

(a) Residence: No. near Hurlock St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| M | C | |

5e. If married, widowad, or divorced HUSBAND of (or) WIFE of Still born

6. DATE OF BIRTH (month, dey, and year) Nov. 17 - 40

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | Still | born | | |

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last workad at this occupetion (month end year) —

11. Totel time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Hurlock (State or country) Md

FATHER

13. NAME LeRoy Sampson

14. BIRTHPLACE (city or town) Hurlock (State or country) Md

MOTHER

15. MAIDEN NAME Lona Cooper

16. BIRTHPLACE (city or town) Hurlock (State or country) Md

17. INFORMANT LeRoy Sampson (Address) Hurlock Md

18. BURIAL, CREMATION, OR REMOVAL Place Salisbury Date Nov 17, 1940

19. UNDERTAKER Leroy Sampson Father (Address) Hurlock Md

20. FILED Nov 17, 1940 Chas W Haskins Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Still born (Month) Nov (Day) 17, 1940 (Year)

22. I HEREBY CERTIFY, That I attandad deceasad from Delivered Stillborn Nov 17, 1940

I last saw h alive on , 19 ; death is said to hava occurrad on the date statad above, at 4:55 a m.

The **PRINCIPAL CAUSE OF DEATH** and ralated causes of importence were as follows:

| | Date of onset |
|---|---|
| — | |
| | |
| | |
| | |
| | |

Other **Contributory Causes** of importance:

| | |
|---|---|
| — | |
| | |
| | |

Nama of oparation Data of

What test confirmad diagnosis? Wes there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Accidant, suicide, or homicida? — Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whethar injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Neture of injury —

24. Was disease or injury in any way related to occupetion of deceased?

If so, specify —

(Signad) L G Draper M. D.

(Address) Hurlock Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| **Other contributory causes of importance:** | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED
DEC 6 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-8)

## CERTIFICATE OF DEATH

11601

Reg. Dist. No. 116

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**
County: Dorchester
City or town: Cambridge (WITHIN CORPORATE LIMITS OF)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 313 Race St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 27 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Dor.
City or town: Cambridge, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 313 Race St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Mary E. Saunders

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Widowed |

6 (b) Name of husband or wife: William F.
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Aug - 25 - 1851

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 89 | 3 | 5 | ____ hrs. ____ min. |

9. Birthplace: Talbot Co. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John W. Berridge
13. Birthplace: Talbot Co.
MOTHER 14. Maiden name: Nancy Helsby
15. Birthplace: Talbot Co.
16. Informant: Herbert McMahan
Address: 313 Race St. Cambridge, Md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec 2 1940 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton, Md.
18. Funeral director: Kenneth R. Thomas
Address: Cambridge, Md.
19. 12-2 1940 (Date rec'd by registrar) John Meade Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 30 - 1940, at 12.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 30 1940, to November 30 1940, and that I last saw her alive on November 30 1940.

| | DURATION |
|---|---|
| Immediate cause of death: Carcinoma of Rectum | 5 yrs |
| Due to: arteriosclerosis Cerebral Hemorrhage & Cerebral | 10 years |
| Due to: arteriosclerotic Cardio Vascular Disease | 10 years |
| Other conditions: | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Eldridge H. Wolff M.D.
M. D. or other
Address: Cambridge, Md. Date signed: 12-1-40

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BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

11602

(S) (M)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

**1. PLACE OF DEATH** (B)

County Dorchester Registration Dist. No. 113

Village or City Taylors Island No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Infant Stanley

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | Blk | Single |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 15 1940

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Taylors Island (State or country) Md

FATHER

13. NAME Chas Lee Stanley

14. BIRTHPLACE (city or town) Taylors Island (State or country) Md

MOTHER

15. MAIDEN NAME Bertha Leona Connuch

16. BIRTHPLACE (city or town) Taylors Island (State or country) Md

17. INFORMANT Chas Lee Stanley (Address) Taylors Isld Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Taylors Isl'd Date Nov 16, 1940

19. UNDERTAKER John Travers (Address) Taylors Island Md

20. FILED Nov 16, 1940 J R Need Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Nov (Month) 15 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at ... m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Still-born | |
| | |
| | |
| | |
| | |

Other **Contributory Causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. R. Need local Reg. ~~M. D.~~

(Address) Taylors Isld Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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**Example I**

| The **principal cause of death** and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other **contributory causes** of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The **principal cause of death** and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other **contributory causes** of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

## CERTIFICATE OF DEATH

11603

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County: Dorchester
City or town: Rural Near Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R. 1. D. # 3.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Still born

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Still Born County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME** Stillborn Boy Stayton

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | Single |

8 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 12th 1940

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| Stillborn | | | hrs. min. |

9. Birthplace: Rural Near Cambridge, Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: William Wilson Stayton
13. Birthplace: Milford, Delaware

MOTHER — 14. Maiden name: Mary Mildred Staker
15. Birthplace: Dorchester Co, Maryland

16. Informant: Mrs. William Stayton
Address: 129 W 2nd St. Milford, Del.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof November 12, 1940 (month) (day) (year)

Cemetery or crematory: C

Location: Cambridge R. F. D.

18. Funeral director: Guy Staker (Grandfather)

Address: Cambridge, R. F. D.

19. Nov. 16 1940 (Date rec'd by registrar) John Meade Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 1940, at 1034 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 12 1940, to November 12 1940, and that I last saw h alive on Still born 19

Immediate cause of death: Prematurity, 13 Weeks.

Due to: Not known.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE Eldridge H. Wolff M.D.
M. D. or other
Address Cambridge Md. Date signed 11-13-40

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

## CERTIFICATE OF DEATH

11604

Reg. Dist. No. 119

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Dorchester

City or town: Wingate Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 83 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Md County: Dorchester

City or town: Wingate Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Thomas H. Tall.

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

B (b) Name of husband or wife: Medora Pritchett

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 15 1857

8. AGE: Years: 83 | Months: 0 | Days: 10 | If less than one day: hrs. min.

9. Birthplace: Wingate Md. (Town, county, and state)

10. Usual occupation: Blacksmith.

11. Industry or business

FATHER — 12. Name: John Tall

13. Birthplace: Wingate, Md.

MOTHER — 14. Maiden name: Unknown

15. Birthplace: Wingate Md

16. Informant: Guy Tall

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 27 1940 (month) (day) (year)

Cemetery or crematory: Wingate

Location: Wingate, Md

18. Funeral director: Frank E. Albaugh

Address: Cambridge Md

19. Nov 26 1940 Wilson B Pritchett (Date rec'd by registrar) Registrar

Local

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 25 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 12 1940, to Nov 25 1940, and that I last saw h[illegible] alive on Oct 20 1940.

| | DURATION |
|---|---|
| Immediate cause of death: Uremia | 3-4 wks |
| Due to Chronic Nephritis Inter. | 2 yrs |
| Due to Hyper Tension | 3-4 yrs |
| Other conditions Chronic Myocarditis | 2-4 yrs |

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

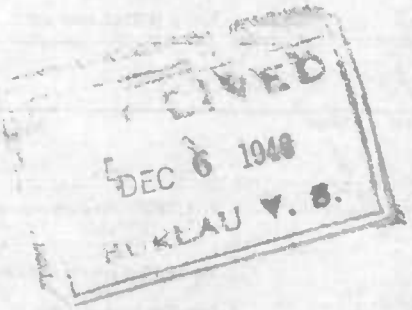
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Dr. K. Shriver M.D. M. D. or other

Address: Cambridge, Md Date signed: Nov 26/40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BUREAU U. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

11605

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Vienna, R.F.D. # 2 No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ✓ ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Stillborn Thompson If U. S. Veteran, specify WAR

(a) Residence: No. Vienna, R.F.D. # 2 St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| male | colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Nov. 14th 1940

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

Stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vienna, R.F.D. # 2 (State or country) Maryland.

FATHER

13. NAME Fulton Thompson

14. BIRTHPLACE (city or town) Farkneck, (State or country) Md.

MOTHER

15. MAIDEN NAME Mildred Conway

16. BIRTHPLACE (city or town) Rhodesdale, (State or country) Md.

17. INFORMANT Mildred Thompson (Address) Vienna Rt # 2, Md.

18. BURIAL, CREMATION, OR REMOVAL Farkneck Cem.

Place Vienna Rt # 2, Md. Date Nov. 14, 1940

19. UNDERTAKER Fulton Thompson (Father) (Address) Vienna Rt # 2, Md.

20. FILED Nov. 14, 1940 John Mace Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Nov. (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Not at all, 19, to, 19

I last saw h elive on not at all, 19; death is said to have occurred on the date stated above, at 5:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Stillborn (cause unknown) | |

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 19

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) John Mace Jr. M. D.

(Address) Cambridge, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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U. S.

| Example I | | Example II | |
|---|---|---|---|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| *Arteriosclerosis* | *1915* | *Attack of epilepsy* | *1 week ago* |
| *Chronic interstitial nephritis* | *1921* | *Run over by street car* | *1 week ago* |
| *Cerebral hemorrhage* | *July 5, 1927* | *Peritonitis* | *3 days ago* |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* | *Gastroenteritis* | *1 year* |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11606

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-C)

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

**1. PLACE OF DEATH:**

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred: Cambridge Md. Hospital

How long in hospital or institution? 4 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No.: R. F. D # 2 (If rural, give LOCATION)

2.(a) If veteran, name war:

**3. (a) FULL NAME:** James Wheatley

**3. (b) Social Security Number:** none

4. Sex: Male

5. Color or race: Col.

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Hennie Wheatley

6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): unknown

**8. AGE:** Years: 72 Months: — Days: — If less than one day: ..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farm Laborer

11. Industry or business: Farm

FATHER

12. Name: John Wheatley

13. Birthplace: Md

MOTHER

14. Maiden name: Henrietta Balls

15. Birthplace: Md.

16. Informant: Camb. Hospital Records

Address: Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 12, 1940 (month) (day) (year)

Cemetery or crematory: Cordtown Cemetery

Location: Cambridge R# 2 Md

18. Funeral director: Lewis H. Bayreuth

Address: Cambridge, Md

19. 11-11 1940 (Date rec'd by registrar) John Mace Jr. Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Nov 8 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 4 1940, to Nov 8 1940 and that I last saw him alive on Nov 8 1940

Immediate cause of death: Carcinoma stomach Marked Cachexia — DURATION: about 1 year

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John Mace Jr. M.D. (M. D. or other)

Address: Cambridge Md Date signed: 11/8/40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 4 1940
BUREAU V. S.